

05/16/01
jc962 U.S. PTO

05-17-01

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

| | |
|------------------------|--|
| Attorney Docket No. | 35669/148330 |
| First Inventor | LEIGHLEY |
| Title | HAND-HELD GERMICIDAL LAMP WITH SAFETY FEATURES |
| Express Mail Label No. | |

5/16/01

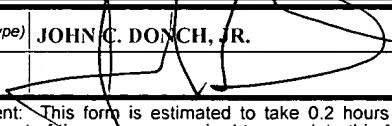
| APPLICATION ELEMENTS | | ADDRESS TO: | Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231 |
|---|--|-------------|--|
| See MPEP chapter 600 concerning utility patent application contents. | | | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) | | |
| 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) | | |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages 17] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure | a. <input type="checkbox"/> Computer Readable Form (CRF) | | |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 11] | b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper | | |
| 5. Oath or Declaration [Total Pages 3] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | c. <input type="checkbox"/> Statements verifying identity of above copies | | |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | | | |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ / _____ | | | |
| Prior application information: Examiner _____ Group / Art Unit _____ | | | |
| For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | | |

19. CORRESPONDENCE ADDRESS

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| <input checked="" type="checkbox"/> Customer Number or Bar Code Label |  | or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here) |
| Name | 23973 | |
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| Country | Telephone | Fax |

Name (Print/Type) **JOHN C. DONCH, JR.**

Registration No. (Attorney/Agent) **43593**

Signature 

Date **5/16/01**

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

\$493.00

Complaint if Known

| | |
|----------------------|-------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Leighley |
| Examiner Name | |
| Group Art Unit | |
| Attorney Docket No. | 35669/148330 (956-97US) |

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **50-0573**

Deposit Account Name **Drinker Biddle & Reath L.L.P.**

Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

Applicant claims small entity status.
See 37 CFR § 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | |
|----------------------------|----------------------------|-----------------|---------------------------|---------------|
| 101 | 710 | 201 | 355 Utility filing fee | 355.00 |
| 106 | 320 | 206 | 160 Design filing fee | |
| 107 | 490 | 207 | 245 Plant filing fee | |
| 108 | 710 | 208 | 355 Reissue filing fee | |
| 114 | 150 | 214 | 75 Provisional filing fee | |
| SUBTOTAL (1) | | | \$355.00 | |

2. EXTRA CLAIM FEES

| Extra Claims | Fee from below | Fee Paid |
|-----------------------------|----------------|--------------------|
| Total Claims 22 | $-20^{**} = 2$ | $9.00 = 18.00$ |
| Independent Claims 6 | $-3^{**} = 3$ | $40.00 = 120.00$ |
| Multiple Dependent | | 0.00 = 0.00 |

Large Entity Small Entity

| Fee Code (\$) | Fee Code (\$) | Fee Description |
|-----------------|---------------|--|
| 103 | 18 | 203 9 Claims in excess of 20 |
| 102 | 80 | 202 40 Independent claims in excess of 3 |
| 104 | 270 | 204 135 Multiple dependent claim, if not paid |
| 109 | 80 | 209 40 ** Reissue independent claims over original patent |
| 110 | 18 | 210 9 ** Reissue claims in excess of 20 and over original patent |
| SUBTOTAL (2) | | |
| \$138.00 | | |

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|---|----------|
| 105 | 130 | 205 65 Surcharge - late filing fee or oath | |
| 127 | 50 | 227 25 Surcharge - late provisional filing fee or cover sheet | |
| 139 | 130 | 139 130 Non - English specification | |
| 147 | 2,520 | 147 2,520 For filing a request for ex parte reexamination | |
| 112 | 920* | 112 920* Requesting publication of SIR prior to Examiner action | |
| 113 | 1,840* | 113 1,840* Requesting publication of SIR after Examiner action | |
| 115 | 110 | 215 55 Extension for reply within first month | |
| 116 | 390 | 216 195 Extension for reply within second month | |
| 117 | 890 | 217 445 Extension for reply within third month | |
| 118 | 1,390 | 218 695 Extension for reply within fourth month | |
| 128 | 1,890 | 228 945 Extension for reply within fifth month | |
| 119 | 310 | 219 155 Notice of Appeal | |
| 120 | 310 | 220 155 Filing a brief in support of an appeal | |
| 121 | 270 | 221 135 Request for oral hearing | |
| 138 | 1,510 | 138 1,510 Petition to institute a public use proceeding | |
| 140 | 110 | 240 55 Petition to revive - unavoidable | |
| 141 | 1,240 | 241 620 Petition to revive - unintentional | |
| 142 | 1,240 | 242 620 Utility issue fee (or reissue) | |
| 143 | 440 | 243 220 Design issue fee | |
| 144 | 600 | 244 300 Plant issue fee | |
| 122 | 130 | 122 130 Petitions to the Commissioner | |
| 123 | 50 | 123 50 Processing fee under 37 CFR § 1.17(q) | |
| 126 | 180 | 126 180 Submission of Information Disclosure Statement | |
| 581 | 40 | 581 40 Recording each patent assignment per property (times number of properties) | |
| 146 | 710 | 246 355 Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 149 | 710 | 249 355 For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 179 | 710 | 279 355 Request for Continued Examination (RCE) | |
| 169 | 900 | 169 900 Request for expedited examination of a design application | |
| Other fee (specify) | | | |

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

SUBMITTED BY

| | | | | | |
|-------------------|--------------------|-----------------------------------|-------|-----------|--------------|
| Name (Print/Type) | John C. Dench, Jr. | Registration No. (Attorney/Agent) | 43593 | Telephone | 215-988-3306 |
| Signature | | | | Date | 5/16/01 |

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